

HISTORY LARGE FOR GESTATIONAL AGE BIRTH

(337)

PARTICIPANT TYPE.....PREGNANT, BREASTFEEDING AND DELIVERED WOMEN
HIGH RISK.....No

RISK DESCRIPTION:

Giving birth to an infant weighing ≥ 9 pounds

- Pregnant Women: current pregnancy
- Breastfeeding and Delivered Women: most recent pregnancy

Presence of large for gestational age birth diagnosed by a physician as self-reported by applicant, participant, or caregiver; or as reported or documented by a physician, or someone working under physician's orders.

ASK ABOUT:

- Pregnant Women:
 - Diabetes mellitus, gestational diabetes and health care provider's recommendation for management and self-monitoring of either condition
 - Previous pregnancy outcomes including pregnancy losses (spontaneous abortions, unexplained stillbirths)
 - Pregnancy weight gain
 - Access to prenatal care and barriers to obtaining care
- Breastfeeding and Delivered Women:
 - Diabetes mellitus or gestational diabetes during most recent pregnancy and health care provider's recommendation for management and self-monitoring of either condition
 - Pregnancy weight gain
 - Current weight and BMI
 - Access to ongoing health care

NUTRITION COUNSELING/EDUCATION TOPICS:

- Women with a previous delivery of an infant weighing more than 9 pounds are at an increased risk of giving birth to another large of gestational age infant. Macrosomia (when a fetus is abnormally large for gestational age) may be an indicator of maternal diabetes (current or gestational) or a predictor of future diabetes.
- The incidence of maternal, fetal and neonatal complications is high with infants weighing greater than 9 pounds.

NUTRITION COUNSELING/EDUCATION TOPICS (CON'T):

- Pregnant Women:
 - Review her weight gain pattern and discuss an appropriate weight gain goal based on her prepregnancy BMI.
 - Review the basics of a healthy pregnancy diet using MyPyramid as a guide and reinforcing any medical nutrition therapy recommendations to manage blood sugar levels.
 - Encourage her to keep her prenatal appointments. Remind her that screening for gestational diabetes is also an important component of prenatal care.
- Breastfeeding Women:
 - Breastfeeding remains the infant feeding method of choice even for women with diabetes and those who had been diagnosed with gestational diabetes. Infants who were breastfed are less likely to develop type 2 diabetes later in life.
 - Support her decision to breastfeed and provide information as needed to establish and maintain breastfeeding.
- Breastfeeding and Delivered Women:
 - If weight loss is needed, discuss losing weight at a slow, healthy rate (1-2 pounds/week). It took 9 months to gain the weight, so encourage her to allow time to lose it.
 - Offer encouragement to set reasonable goals for reaching a healthy weight. Losing weight can help her to feel better, take better care of her baby, and reduce her risk for diabetes, high blood pressure, and heart disease.
 - Returning to a healthy weight is also important for future pregnancies. Women who are overweight during pregnancy and delivery have more complications and so do their infants.
 - Review the basics of a healthy diet using MyPyramid as a guide and reinforcing any medical nutrition therapy recommendations to manage blood sugar levels.
 - Identify healthy foods that she likes to have on hand for quick and easy meals and snacks.
 - Encourage increased physical activity (with physician's approval). Suggest moderate activities or exercises such as daily walks.

POSSIBLE REFERRALS:

- If she is not receiving prenatal care or routine postpartum care or is not keeping her appointments, refer her to primary care providers in the community, the Optimal Pregnancy Outcome Program (OPOP) (<http://www.ndhealth.gov/opop/>), or the local public health department.
- If she currently has diabetes or gestational diabetes and has concerns or questions about her treatment plan, refer to her primary care provider and/or the dietitian that initially provided counseling.

POSSIBLE REFERRALS (CON'T):

- If she has not been diagnosed with diabetes but is experiencing any symptoms of diabetes, refer her to a health care provider.
 - Early symptoms of gestational diabetes are normal to some extent during pregnancy. However, women who are experiencing these symptoms should notify their primary care provider.
 - Excessive thirst
 - Increased urination
 - Huge appetite
 - Symptoms of Type 2 diabetes include:
 - Blurred vision
 - Fatigue, lack of energy
 - Extreme thirst, hunger
 - Frequent urination
 - Sudden change in weight
 - Slow healing sore or cut
 - Numbness or tingling in hands or feet
 - Frequent infections
 - Depression